

EXHIBIT B

Y-12 BOOK of BENEFITS

ABOUT YOUR BENEFITS



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YOUR BOOK OF BENEFITS—ALL RETIREES

Y-12 BOOK of BENEFITS

ALL RETIREES

Y-12

About Your Benefits

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Your retiree benefits have been designed to protect you and your family during your retirement years and to work with other sources of income to offer financial stability.

Your Retiree Benefits

If you retired under the pension plan, you and your Eligible Dependents who are under age 65 may continue the coverage under the medical (includes vision and prescription drugs) and dental plans you had prior to retirement.

If you retired under the pension plan, and you and your spouse are age 65 or over and are enrolled in Medicare Part A and Part B (**but not Part D**), you may enroll in the Major Medical Medicare Supplement Plan (includes prescription drugs), and additionally the UnitedHealthcare dental/vision plan. Upon reaching age 65, your spouse may also be eligible to participate in these post-65 retiree plans.

You may continue your basic life insurance during your retirement. The amount of coverage available to you and the cost of your coverage depend on your age and your earnings just before you retired.

Your savings program and pension plan benefits work with your Social Security benefits and your personal savings to provide your retirement income.

MetLife closed the Long Term Care Plan to new enrollees as of April 30, 2011. However, coverage that was in effect may be continued.

More information about a specific benefit can be found in the section of this book relating to that benefit. General information for pre and/or post 65 retiree benefits is found in the sections About Your Benefits, Administrative Information, and Contact Information.

The term "Company" refers to B&W Y-12, LLC. Other terms are defined in the "Glossary" section.

The Patient Protection and Affordable Care Act (PPACA) (Affordable Care Act) is principally the federal healthcare reform statute signed into law in March 2010. Certain retiree only health plans, dental, and vision plans are not subject to the Affordable Care Act. Unlike the other Company sponsored health plans, the Company sponsored health plans for over age 65 retirees are not subject to the Affordable Care Act. The health plans for over age 65 retirees (The Group Welfare Benefit Plan for Retirees of Certain Employers of the U. S. Department of Energy Facilities at Oak Ridge, Tennessee) are separate plans. The Summary Plan Description for all retiree plans – under age 65 and over age 65 retirees– are intentionally included in this book for the convenience of participants within households who need information for both pre- and post-65 retiree benefits. Pre-65 retiree health benefits and post-65 retiree health benefits have been grouped separately and noted accordingly.

Eligibility

Under Age 65 Retiree

If you are under age 65 and are retired under the Company's pension plan, you are eligible for the following benefits:

- Medical (including prescription drugs and vision care)
- Dental
- Long Term Care Insurance (provided you were enrolled by April 30, 2011, which is when new enrollments stopped)
- Basic Life Insurance (provided you had this coverage immediately prior to retirement)
- Supplemental Life Insurance (provided you had this coverage immediately prior to retirement and you were a salaried employee who retired prior to February 1, 2001 or an hourly employee who retired prior to August 1, 2001)
- Pension Plan
- Savings Program (provided you have a deferred account balance).

Over Age 65 Retiree

If you are over age 65 and are retired under the Company's pension plan, you are eligible for the following benefits:

- Major Medical Medicare Supplement Plan (provided you are enrolled in Medicare Part A and Part B, **but not Part D**, and had employer-provided medical coverage immediately prior to age 65).
If you enroll in the medical plan, you will automatically be enrolled in the prescription drug coverage. However, the Major Medical Medicare Supplement Plan and the prescription coverage are not available if you have Medicare Part D prescription drug coverage.
- Dental and Vision combined
- Long Term Care (provided you were enrolled by April 30, 2011, which is when new enrollments stopped)
- Basic Life Insurance (provided you had this coverage immediately prior to retirement)
- Supplemental Life Insurance (provided you had this coverage immediately prior to retirement and you were a salaried employee who retired prior to February 1, 2001, or an hourly employee who retired prior to August 1, 2001)
- Pension Plan
- Savings Program (provided you have a deferred account balance).

If you retire under the pension plan, you and your Eligible Dependents may be eligible for retiree health benefits. If you are not eligible to retire under the pension plan, you are not eligible for retiree medical, prescription drugs, dental, and vision. Eligibility for the pension plan is as noted here and in

the Pension section of this book. The pension plan provides a choice of retirement dates. You can retire with a full pension benefit at age 65 or over. You can also receive a full pension benefit when you retire at age 62 or older, if you have 10 years of Company Service, or when your age and years of Company Service equal 85 or more. You can receive a reduced benefit as early as age 50, if you have at least 10 years of Company Service.

Dependents

When you retire, you may enroll your spouse and other Eligible Dependents for coverage, according to the guidelines listed below.

Medical, Prescription Drugs, Vision and Dental

Your spouse is under age 65 and you are over age 65 —

Your spouse and other Eligible Dependents may continue the medical plan (including prescription drugs and vision care) and the dental plan until your spouse reaches age 65. You must be covered in the plan in order for a spouse or child to be covered as your dependent in the medical or dental plan. If a Retiree marries after his/her retirement effective date, any newly acquired dependents are not eligible for medical or dental coverage. Likewise, a surviving spouse cannot add dependents after the Retiree's death.

Your spouse is over age 65 and you are under age 65 —

Your spouse and other Eligible Dependents may continue the medical plan (including prescription drugs and vision care) and the dental plan until you reach age 65. You must be covered in the plan in order for a spouse or child to be covered as your dependent in the medical or dental plan. Your spouse must be enrolled in Medicare Part A and Part B (**but not Part D**). Medicare will pay eligible medical expenses as primary payor for your spouse. If a Retiree marries after his/her retirement effective date, any newly acquired dependents are not eligible for medical or dental coverage. Likewise, a surviving spouse cannot add dependents after the Retiree's death.

Your spouse is over age 65 and you are over age 65 —

The following rules apply to the Major Medical Medicare Supplement Plan (medical and prescription drugs):

- You and your spouse may enroll if both of you are enrolled in Medicare Part A and Part B (**but not Part D**).
- You can enroll only yourself, or yourself and your spouse, when you or your spouse first become eligible at retirement. Dependents acquired after retirement are not eligible.
- You and your spouse must have been covered under the Company's plan, or as an employee in another employer's active medical plan, when you reach age 65. Proof of continuous coverage since your retirement is required.
- If you cancel coverage on yourself, your spouse's coverage will also be canceled. You cannot re-enroll at a later date.
- If you or your spouse enrolls in a Medicare Part D prescription drug plan, your Company coverage will be canceled and you cannot enroll at a later time.

- You can continue Company coverage for yourself but your spouse cannot be covered if you are not enrolled.
- A covered spouse can continue coverage at the Retiree's death under single only coverage. A dependent that is later acquired is not eligible.
- A spouse who is also an active Employee or Retiree has individual eligibility rights.

The following rules apply to the dental plan (dental and vision) for over age 65 retirees and eligible spouse:

- All Retirees and surviving spouses may enroll, without regard to having coverage status under the Major Medical Medicare Supplement Plan.
- A Retiree may elect single only coverage, or dual coverage which also covers the spouse. A spouse cannot enroll unless the Retiree is covered.
- A surviving spouse may only enroll under single coverage.
- The Company does not contribute to the cost of coverage.
- You must enroll when first eligible and retain continuous dental/vision coverage or you will lose coverage and cannot later re-enroll.

Long Term Care

Your spouse is under or over age 65 —

The Long Term Care Plan closed to new enrollees April 30, 2011. However, a retiree, spouse, or surviving spouse may continue coverage as long as premiums are paid on time, although premiums can be increased.

Disabled Child

Prior to a retiree and retiree spouse reaching age 65, medical (including prescription drugs and vision care) and dental coverage may be continued for an unmarried natural or adopted child who is incapable of self-support due to a physical or mental handicap that began before he or she reached the maximum age for coverage under the plan, provided you submit proof of the child's disability to the insurance company within 30 days after the child reaches the maximum age. Additional proof of the child's continuing disability will be required periodically. The current maximum age under the plan is age 26 – except, age 24 for under age 65 dental and for situations under qualified court/medical support orders that qualifies a person in accordance with plan eligibility rules. When your dependents are no longer eligible for health care coverage, they may be eligible to continue coverage for up to 36 months under COBRA. Refer to the "Administrative Information" section for information on COBRA.

The terms "Eligible Dependents" and "Child" are defined in the Glossary.

The following chart provides a snapshot of who is eligible for each benefit plan, providing the eligibility requirements are met.

Eligibility ... At a Glance			
Benefit Plan	Who Is Eligible		
	Retirees Only (Regardless of Age)	Retirees and Dependents Under Age 65	Retirees and Spouse Over Age 65
Medical (including Prescription Drugs and Vision Care)		X	
Major Medical Medicare Supplement Plan (including Prescription Drugs) ¹			X
Dental ²		X	X
Long Term Care ³		X	X
Basic and Supplemental Life Insurance ⁴	X		
Savings Program ⁵	X		
Pension Plan ⁶	X		
<p>1 Must be enrolled in Medicare Part A and Part B, but not Part D, prescription drug plan.</p> <p>2 Over Age 65 plan includes dental and vision coverage. The dental plans for Retirees and Eligible Dependents under age 65 and the dental plan for Retirees and spouses over age 65 are separate and unique plans, as described in the section of this book.</p> <p>3 The Long Term Care Plan stopped new enrollments after April 2011.</p> <p>4 You are eligible for basic life insurance only if you had this coverage immediately prior to retirement. You are eligible for supplemental life insurance only if you had this coverage immediately prior to retirement and you were a salaried employee who retired prior to 2-1-2001 or an hourly employee who retired prior to 8-1-2001.</p> <p>5 You are eligible to continue your participation in the savings program only if you have a deferred balance; you may not make contributions to the savings program after retirement.</p> <p>6 Your participation in the Pension Plan will automatically continue until you die (or until your survivor dies if you have elected a form of payment that provides a survivor benefit).</p>			

Enrollment

Under Age 65 Retiree and Dependents

Medical Coverage (including Prescription Drugs and Vision) and Dental Coverage

- You may continue medical and dental coverage for yourself, your spouse, and eligible children.
- If you do not continue coverage at retirement you will not be able to enroll at a later date.

- If you are under age 65 and your spouse is over age 65, you may cover your spouse under your plan. Your spouse must be enrolled in Medicare Part A and Part B (**but not Part D**).
- If you marry after your retirement effective date, you cannot add your newly acquired spouse or children to your medical or dental retiree coverage, nor will they be eligible at open enrollment.
- A surviving spouse may continue his/her medical and dental coverage if he/she gets married, but the newly acquired spouse or children cannot be added.
- If you are under age 65 and have medical or dental coverage when you retire, but elect to cancel the coverage at retirement because of coverage under another employer's active employee group plan, you may later enroll in the Company medical or dental plan if you lose coverage under that employer's plan. You must show proof of loss of coverage and enroll within 30 days of the date of coverage loss.
- A spouse or child cannot be covered under the medical or dental plan unless the Retiree is covered.
- You and your spouse must have continuous medical coverage under the Company plan or in another employer's active employee plan to be eligible to participate in the Major Medical Medicare Supplement Plan upon reaching age 65. You must show proof of loss of coverage and enroll within 30 days of the date of coverage loss.
- Retirees and surviving spouses under age 65 may switch between any medical or dental plan options available during the annual Open Enrollment or delete dependents. However, those individuals who waive coverage when first eligible will not be able to enroll at a later date.
- If you move outside a point-of-service network, you must switch to the Indemnity Plan.

Enrollment forms are available from the Benefit Plans Office. You must enroll for medical and dental and continuation of your basic life insurance within 30 days of retirement.

Over Age 65 Retiree and Spouse

Medical Coverage (including Prescription Drugs) and Dental Coverage (including Vision)

- You and your spouse must be covered for Medicare Part A and Part B (**but not Part D prescription drug coverage**) in order to be eligible for the Major Medical Medicare Supplement Plan.
- If you or your spouse enrolls in Medicare Part D prescription drug coverage, you will be dropped from the Major Medical Medicare Supplement Plan and cannot ever re-enroll again.
- You must enroll in the Major Medical Medicare Supplement Plan within 30 days of your 65th birthday, or within 30 days of your retirement date if you retire after age 65. Enrollment forms are available from the Benefit Plans Office. To enroll, you must elect coverage for yourself only or for you and your eligible spouse. You must authorize the Company to deduct your share of the cost of the coverage you elect from your pension payments. If you fail to give this timely authorization on the enrollment form, neither you nor your spouse will be covered.

- If you or your surviving spouse cancels dental/vision coverage or the Major Medical Medicare Supplement Plan, or if your medical coverage is dropped because you are covered under the Medicare Part D prescription drug plan, you or your surviving spouse cannot re-enroll at a later time.
- An eligible spouse cannot be covered under the medical or dental/vision plan unless the Retiree is covered. This applies if you are a Retiree over or under age 65.
- A surviving spouse may continue medical or dental/vision coverage upon remarriage but cannot add the new spouse. This applies to a surviving spouse of a Retiree regardless of the age at remarriage.
- A Retiree or surviving spouse may enroll in the dental/vision plan, or the medical plan, or both.

Enrollment forms are available from the Benefit Plans Office. You must enroll for medical and dental and continuation of your basic life insurance within 30 days of retirement.

When You May Change Your Elections

There are limited circumstances under which you may change your benefit elections. You may change most savings program elections at any time by contacting Participant Services. You can drop your pre-65 or post-65 retiree medical, or pre-65 retiree dental or group life coverage at any time by signing a cancellation form. In addition, you may drop the UnitedHealthcare dental/vision at the end of the plan year in June. If you drop a retiree benefit plan, you may not later re-enroll. Cancellation forms are available from the Benefit Plans Office.

The term "Retiree" is defined in the Glossary.

Changes at Other Times

Qualifying Life Events

There may be times when an individual may make a mid-year election change when it is because of and consistent with a qualifying life event or when certain significant changes in cost or in coverage occur.

Examples of a qualifying life event may include:

- legal separation, annulment, or divorce
- the death of your spouse or child
- the birth or adoption (or placement for adoption) of your child
- the loss or gain of benefit eligibility of your child
- the termination or commencement of employment of you or your spouse or child
- for active employees: a reduction or increase in hours of employment of you or your spouse or child, including a switch between part-time and full-time, a strike or lockout, or commencement of or return from unpaid leave of absence

- a change in health coverage due to your spouse's employment
- a "special enrollment period" under the group health plan as required by law
- a qualified medical child support order that may require your child to be covered under the group medical and/or dental plan
- you or your spouse or child becomes eligible (or loses eligibility) for Medicare or Medicaid
- you move outside a point-of-service network – you must change coverage to the Indemnity Plan
- involuntary loss of other group health plan coverage.

You are obligated to submit proof of dependent status for a child or spouse. Documents include a birth certificate, social security card, marriage certificate, tax filings, and any other documents needed to prove eligibility.

Enrollment forms must be completed and submitted to the Benefit Plans Office within 30 calendar days of any qualifying life event. Forms must be received within 30 calendar days in order to be accepted. This includes the birth of a newborn. You may enroll a newborn in MetLife or Delta Dental plans anytime up to age one.

Birth of a child under Tennessee law:

A newborn of a participant is automatically covered under the medical plan for 31 days.

Enrollment forms must be completed and submitted to the Benefit Plans Office within 30 days of the end of the state mandated coverage to continue to cover the newborn. Coverage is effective the first day of the first calendar month after the completed enrollment forms are submitted to the Benefits Plan Office. Enrollment forms must be submitted to the Benefit Plans Office within 30 days of the date of birth, to cover the newborn at the end of the state mandated coverage.

How Changes Affect Your Benefits

Steps to Take If You Get Married

Notify the Benefit Plans Office to update your retirement records if your name changes. In addition, make sure the Benefit Plans Office knows of any address or telephone changes.

Notify the Social Security Administration of any name changes.

Change your benefit elections within 30 days of your marriage. If you remarry after retirement, you cannot add the resulting spouse or children to your medical or dental coverage.

Update your savings program beneficiary records. Keep in mind that if you have been married for at least one year and you want to designate someone other than your spouse as your beneficiary, you must have your spouse's written and notarized consent. Contact Participant Services for the Savings Plan or the Benefit Plans Office for more information.

Make any beneficiary change to your life insurance.

Steps to Take If You Get Divorced

Notify the Benefit Plans Office to update your retirement records if your name changes. Make sure the Benefit Plans Office knows of any address or telephone changes.

Notify the Social Security Administration of any name changes.

You must change your benefit elections within 30 days of the date your divorce is final. A copy of the divorce decree is required when you drop coverage for your ex-spouse. You or your ex-spouse has 60 days to notify the Benefit Plans Office in order to obtain COBRA benefits. Refer to the "Administrative Information" section for more information on continuation of coverage.

Add your Eligible Dependents to your medical and dental coverage if a court establishes that you must provide coverage for dependent children.

Update your life insurance and savings program beneficiary records. Life insurance forms are available from the Benefit Plans Office. You can request a savings program beneficiary form by calling the Savings Plan Participant Services information line.

Contact the Benefit Plans Office if you think a court may issue a qualified domestic relations order ("QDRO") granting your former spouse the right to receive any pension or savings benefits. You will be sent important information about the procedures and requirements for QDROs.

Steps To Take If You Are Expecting or Adopting a Child

If You or Your Spouse is Pregnant

Both men and women should contact the Benefit Plans Office and ask about available coverage and the steps you need to take, and deadlines you need to meet, to add your baby to your coverage. This will help you maximize your available benefits.

In-Network Benefits – CIGNA Plan/Network Only

Schedule prenatal appointments. You will pay a physician office copayment only at the initial visit under the point-of-service plans.

Interview and choose a network pediatrician for your child to receive in-network benefits after your child is born. Well-child care and immunizations are covered only when you receive them from a network pediatrician. Your baby's first visit will be in the hospital after delivery, so consider choosing a pediatrician who has admitting privileges at your hospital to ensure that you receive in-network benefits for that visit.

YOU MUST COMPLETE AND RETURN ENROLLMENT FORMS WITHIN 30 DAYS OF THE BIRTH OF YOUR BABY TO ENSURE CONTINUOUS COVERAGE.

Birth of a child under Tennessee Law:

A newborn of a participant is automatically covered under the medical plan for 31 days. Enrollment forms must be completed and submitted to the Benefit Plans Office within 30 days of the end of the state mandated coverage to continue to cover the newborn after the completed enrollment forms are submitted to the Benefit Plans Office. Coverage is effective the first day of the first calendar month.

Enrollment forms must be submitted to the Benefit Plans Office within 30 days of the date of birth, to cover the newborn beginning at the end of the state mandated coverage.

Your OB/GYN will precertify your hospital or birthing center admission.

Present your medical ID card when you are admitted to the hospital or birthing center. You may have to pay your share of the hospital cost at admission.

Before the fourth month of pregnancy, you should call CIGNA Member Services to precertify your maternity admission. Refer to the back of your identification card for contact information.

If You Adopt a Child

Interview and choose a pediatrician. If you are in a Point-of-Service Plan, you must choose a primary care physician for your child from the provider directory to receive in-network benefits, including coverage for well-child care.

When Your Child Arrives

Enroll your newborn or newly adopted Child for medical benefits within 30 days so your Child's medical expenses will be covered from the date of birth or adoption. You have up to age one to enroll the Child for dental coverage under MetLife and Delta Dental. Call the Benefit Plans Office to request a change form or print a form from your Company's benefit forms web page.

At Death

Upon your death, a family member should notify the Benefit Plans Office. Benefit Plans will assist your family members in completing the appropriate forms.

If You Lose a Spouse or Child

When you lose a spouse or child, you should notify the Benefit Plans Office.

Change your medical and dental coverage within 30 days of the death, if coverage changes are appropriate.

Review your beneficiary elections for life insurance and the savings program.

If You or Your Spouse Are Admitted to a Long Term Care Facility

When you or your spouse are admitted to a long term care facility, contact the Benefit Plans Office. Changes in your medical or prescription drug plan may be necessary.

What Happens to Your Benefits If You Die

Here is what happens to your benefits if you die:

Medical (Including Prescription Drugs and Vision Care) and Dental

If your spouse is under age 65, he or she may continue medical coverage (including prescription drugs and vision care) and/or dental coverage by paying the appropriate premiums (full premium cost if you had less than 10 years of full-time service when you retired; retiree share of premium cost if you had more than 10 years of full-time service when you retired).

Your spouse can continue this coverage until he or she becomes age 65. At age 65, your surviving spouse may transfer to the Major Medical Medicare Supplement Plan.

If, when you die, you do not have a spouse but have other Eligible Dependents, your Eligible Dependents may continue their coverage through COBRA. Refer to the "Administrative Information" section for more information on COBRA.

Major Medical Medicare Supplement Plan

If your spouse is age 65 or over, your spouse may elect to remain in the plan, subject to plan qualifications and plan continuation.

Long Term Care

Your spouse may continue his or her coverage by paying monthly premiums to the insurance company.

Life Insurance

Your beneficiary will receive a basic life insurance benefit and a supplemental life insurance benefit, depending on the coverage you were eligible for and elected.

Pension Plan

Your surviving spouse/beneficiary will receive any survivor benefit. The Benefit Plans Office will contact your beneficiary to provide information about any plan benefits that might be payable.

Savings Program

Your beneficiary may receive your full account balance in a lump sum. However, your spousal beneficiary may choose either a lump-sum payment or monthly installment payments over a five-year period. Your spousal beneficiary may also elect to defer payment until the latest date permitted by the tax law.

When Coverage Begins

Your coverage will begin according to the following chart, provided you meet the plan's eligibility requirements. With the exception of the Major Medical Medicare Supplement Plan, any coverage you elect for your Eligible Dependents will begin on the same day your coverage begins. Major Medical Medicare Supplement Plan coverage for your enrolled spouse will begin on the first of the month following your spouse's 65th birthday.

Benefit Plan	Your Coverage Will Begin ...
Medical (including Prescription Drugs and Vision Care)	Retiree or spouse under age 65, Retiree under age 65 with spouse over age 65: If you had coverage immediately prior to retirement, coverage continues at retirement provided you elected to continue your coverage. If you did not have coverage at retirement, your coverage will begin on the day you provide proof of prior medical coverage under another employer's active plan.
Major Medical Medicare Supplement Plan	Retiree and spouse over age 65: Coverage begins on the first day of the month after you retire (or on your retirement date if it falls on the first of the month) or the first day of the month following your 65th birthday if you are under age 65 on your retirement date, provided you enroll within 30 days of becoming eligible. If you enroll more than 30 days after you first become eligible, or during a special enrollment period, your coverage will be effective on the first of the month after 30 days from date of enrollment. Prior employer-provided medical coverage is required.
Dental – MetLife or Delta Dental	Retiree or spouse under age 65, Retiree under age 65 with spouse over age 65: If you had coverage immediately prior to retirement, coverage continues at retirement provided you elected to continue your coverage. If you did not have coverage prior to retirement, your coverage will begin on the day you provide proof of loss of prior dental coverage under another employer's active plan.
Dental/Vision – UnitedHealthcare	Retiree or spouse over age 65: If you had prior employer-provided dental coverage immediately prior to retirement, you must enroll within 30 days of retirement, and the plan's pre-existing condition waiting period will be waived. If you did not have prior employer-provided dental coverage immediately prior to retirement, you must enroll within 30 days of retirement, and the pre-existing condition waiting period must be satisfied. Coverage begins on the first day of the month after you retire (or on your retirement date if it falls on the first of the month) or the first day of the month following your 65th birthday if you are under age 65 on your retirement date, provided you enroll within 30 days of becoming eligible. If you enroll more than 30 days after you first become eligible, or during a special enrollment period, your coverage will be effective on the first of the month after 30 days from date of enrollment.
Long Term Care	Retiree and spouse: With a statement of health, coverage begins on the first of the month following the date the insurance company approves your request for enrollment. (New enrollments stopped on April 30, 2011.)
Basic Life Insurance	Retiree only: If you had basic life insurance coverage immediately prior to retirement, your full coverage will continue until you are age 65 provided you elected to continue this coverage at retirement. At age 65, a reduced amount of coverage continues.
Supplemental Life Insurance	Retiree only: If you had supplemental life insurance coverage immediately prior to retirement and you were a salaried employee who retired prior to 2-1-2001 or an hourly employee who retired prior to 8-1-2001, your full coverage will continue until you are age 65 provided you elected to continue this coverage at retirement. Otherwise, supplemental life insurance ends on the date your employment terminates.
Savings Program	Retiree only: Participation continues if you chose to defer receiving your account when you retired. You may not make contributions to the savings program on or after your retirement date.
Pension Plan	Retiree only: Plan benefits begin the first of the month after you retire unless you chose to defer your benefit. Employees who retire with less than full pension benefits can defer their benefit until they are eligible for a full benefit.

If you change your elections because of a qualifying life event, the changes will be effective on the date of the qualifying life event or as stated by individual plan rules, provided you turn in a change form to the Benefit Plans Office within 30 days of the event.

Paying for Your Benefits

For some benefits, such as the pension plan, the Company pays the full cost. For other benefits, you and the Company share the cost or you pay the full cost of coverage.

Benefit Plan	The Company pays the full cost of coverage	You share the cost of coverage with the Company through	You pay the full cost of coverage through
Medical (including Prescription Drugs and Vision Care)			
If you had at least 10 years of full-time service when you retired		X	
If you had less than 10 years of full-time service when you retired			X
Major Medical Medicare Supplement Plan			
If you had at least 10 years of full-time service when you retired		X	
If you had less than 10 years of full-time service when you retired			X
Dental (under age 65)			
If you had at least 10 years of full-time service when you retired		X	
If you had less than 10 years of full-time service when you retired			X
Dental/Vision (over age 65)			X
Long Term Care			X
Basic Life Insurance			
Full amount (before age 65)		X	
Reduced amount (at age 65 and over)	X		
Supplemental Life Insurance			
Full amount (before age 65)			X
Reduced amount (at age 65 and over – if eligible)	X		
Pension Plan	X		
Savings Plan (until retirement)		X	

When Coverage Ends

Coverage will end on the earliest of the following dates:

- the last day of the period for which your last contribution was made (if you fail to make any required contribution)
- when you die
- the date the plan is terminated.

❶ If you have elected a joint-survivor form of payment, pension plan and savings program benefit payments to your named survivor will continue after your death.

If you have not elected a joint and survivor form of payment:

- pension benefits will end the month of your death
- savings program benefits will be paid to your beneficiary.

Coverage for your dependents will end on the same day your coverage ends or on the day they are no longer considered Eligible Dependents, if earlier.

Your dependents may be eligible to extend medical (including prescription drugs and vision care) and dental coverage under certain circumstances when their coverage would otherwise end.

See the "Administrative Information" section for more information about continuing coverage under COBRA and other operations of the retiree plans.